

NEW CLIENT – BUSINESS INTAKE FORM

****MUST COMPLETE THIS FORM IN FULL****

Do you typically owe taxes? _____ Did you owe state or federal last year? _____

Client Name: _____

Business Name: _____

Business Email: _____ Business Phone: _____

Business Address: _____

Type of Business (service provided)

Circle one: LLC S CORP Sole Proprietorship C CORP NON-PROFIT

Accounting Method: Cash / Accrual

Business use of home? YES / NO Square footage? _____

Is your auto used for business? YES/ NO

Year, make and model of vehicle? _____